Effective December 8, 2004								UKU	10/535563				
	,	CLAIMS A	S FILED - I	•				SMALL ENT	TY	OR	OTHER SMALL/E		
U.S. NATIONAL STAGE FEES			(Column	1)		Column 2)	1	RATE	FEE	•	RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LARG	E ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300	٦
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100			her situations = 100 / 3 200		EXAM FEE			EXAM FEE	300	
SEARCH FEE .			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400			her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minu	s 100 =	/60 ≐			X \$ 125 =			X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			/ minus 20 =		· Ø			X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS			\ minus 3 =		· P			X\$100=		OR	X \$ 200 =		
MUL	TIPLE DEPEND	ENT CLAIM PRE	ESENT		,			+\$ 180 =	•	OR	+ \$ 360 =	1	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900	<u>刀</u>
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	OTHER THAN ENTITY OR SMALL ENTITY				
AMENDMENT A	1911ay 05	CLAIMS • REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE)	-	RATE .	ADDI TION/ FEE	T.
	Total	. 6	Minus	" Z	20	• Ø		X\$25=		OR	X \$ 50 =	9	7
	Independent	•]	Minus	•••	3	- P		X \$ 100 =	V	OR	X \$ 200 =	X	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] .	+\$ 180 =		OR	+ \$ 360 =			
•					•			TOTAL ADDIT. FEE		OR	FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TION/ FEE	ıL
	Total	•5	Minus	- ~	10	ż		X \$ 25 =	•	OR	X \$ 50 =	V	
	Independent	• 1	Minus	***	3_	-		X \$.100 =		OR	X \$ 200 =	Λ	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+\$ 180 =		OR	+ \$ 360 =	/ .\		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		7
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												

Application or Docket Number